
Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/00				
		Activities of	%	% Needing Assistance of	% Totally	Total
		Daily Living (ADL)	Independent	One Or Two Staff	Dependent	Number of Residents
Percent Admissions from:						
Private Home/No Home Health	1.9	Bathing	4.8	55.2	40.0	125
Private Home/With Home Health	0.0	Dressing	6.4	56.0	37.6	125
Other Nursing Homes	1.0	Transferring	16.0	67.2	16.8	125
Acute Care Hospitals	95.7	Toilet Use	14.4	58.4	27.2	125
Psych. Hosp. -MR/DD Facilities	1.0	Eating	66.4	32.8	0.8	125
Rehabilitation Hospitals	0.0	*****				
Other Locations	0.5	Continence		%	Special Treatments	%
Total Number of Admissions	209	Indwelling Or External Catheter	11.2		Receiving Respiratory Care	5.6
Percent Discharges To:		Occ/Freq. Incontinent of Bladder	57.6		Receiving Tracheostomy Care	0.0
Private Home/No Home Health	37.8	Occ/Freq. Incontinent of Bowel	48.0		Receiving Suctioning	0.8
Private Home/With Home Health	10.1	Mobility			Receiving Ostomy Care	0.8
Other Nursing Homes	3.7	Physically Restrained	0.0		Receiving Tube Feeding	0.8
Acute Care Hospitals	9.2				Receiving Mechanically Altered Diets	27.2
Psych. Hosp. -MR/DD Facilities	0.0	Skin Care			Other Resident Characteristics	
Rehabilitation Hospitals	0.0	With Pressure Sores	4.0		Have Advance Directives	89.6
Other Locations	15.7	With Rashes	1.6		Medications	
Deaths	23.5				Receiving Psychoactive Drugs	62.4
Total Number of Discharges (Including Deaths)	217				*****	

Selected Statistics: This Hospital-Based Facility Compared to Similar Facilities & Compared to All Facilities

	This Facility	Other Hospital-Based Facilities		All Facilities	
	%	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	94.1	87.5	1.08	84.5	1.11
Current Residents from In-County	92.0	83.6	1.10	77.5	1.19
Admissions from In-County, Still Residing	13.9	14.5	0.96	21.5	0.65
Admissions/Average Daily Census	164.6	194.5	0.85	124.3	1.32
Discharges/Average Daily Census	170.9	199.6	0.86	126.1	1.36
Discharges To Private Residence/Average Daily Census	81.9	102.6	0.80	49.9	1.64
Residents Receiving Skilled Care	95.2	91.2	1.04	83.3	1.14
Residents Aged 65 and Older	98.4	91.8	1.07	87.7	1.12
Title 19 (Medicaid) Funded Residents	57.6	66.7	0.86	69.0	0.84
Private Pay Funded Residents	36.0	23.3	1.54	22.6	1.59
Developmentally Disabled Residents	0.0	1.4	0.00	7.6	0.00
Mentally Ill Residents	29.6	30.6	0.97	33.3	0.89
General Medical Service Residents	30.4	19.2	1.58	18.4	1.65
Impaired ADL (Mean) *	51.7	51.6	1.00	49.4	1.05
Psychological Problems	62.4	52.8	1.18	50.1	1.25
Nursing Care Required (Mean) *	5.1	7.8	0.65	7.2	0.71

County: Waukesha
LINDEN GROVE - MENOMONEE FALLS

Facility ID: 5230

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W180 N8071 TOWN HALL ROAD

MENOMONEE FALLS 53051 Phone: (262) 253-2700

Operated from 1/1 To 12/31 Days of Operation: 366

Operate in Conjunction with Hospital? No

Number of Beds Set Up and Staffed (12/31/00): 135

Total Licensed Bed Capacity (12/31/00): 135

Number of Residents on 12/31/00: 131

Ownership:

Highest Level License:

Operate in Conjunction with CBRF?

Title 18 (Medicare) Certified?

Average Daily Census:

Nonprofit Church-Related

Skilled

No

Yes

128

Services Provided to Non-Residents		Age, Sex, and Primary Diagnosis of Residents (12/31/00)				Length of Stay (12/31/00)	
		Primary Diagnosis	%	Age Groups	%		%
Home Health Care	No					Less Than 1 Year	46.6
Supp. Home Care-Personal Care	No					1 - 4 Years	35.9
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	0.8	More Than 4 Years	17.6
Day Services	No	Mental Illness (Org./Psy)	11.5	65 - 74	9.9		
Respite Care	No	Mental Illness (Other)	0.0	75 - 84	32.8		100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	47.3	*****	
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	9.2	Full-Time Equivalent	
Congregate Meals	No	Cancer	3.1			Nursing Staff per 100 Residents	
Home Delivered Meals	No	Fractures	13.7		100.0	(12/31/00)	
Other Meals	No	Cardiovascular	19.8	65 & Over	99.2		
Transportation	No	Cerebrovascular	14.5			RNs	10.1
Referral Service	No	Diabetes	1.5	Sex	%	LPNs	15.0
Other Services	Yes	Respiratory	6.9			Nursing Assistants	
Provide Day Programming for		Other Medical Conditions	29.0	Male	20.6	Aides & Orderlies	
Mentally Ill	No			Female	79.4		52.3
Provide Day Programming for			100.0				
Developmentally Disabled	No				100.0		

Method of Reimbursement

Level of Care	Medi care (Title 18)			Medi caid (Title 19)			Other			Private Pay			Managed Care			Total	Percent Of All Residents
	No.	%	Per Diem Rate	No.	%	Per Diem Rate	No.	%	Per Diem Rate	No.	%	Per Diem Rate	No.	%	Per Diem Rate		
Int. Skilled Care	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Skilled Care	33	100.0	\$240.00	60	96.8	\$111.58	0	0.0	\$0.00	26	100.0	\$173.00	10	100.0	\$225.00	129	98.5%
Intermediate	---	---	---	2	3.2	\$92.03	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	2	1.5%
Limited Care	---	---	---	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Personal Care	---	---	---	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Residential Care	---	---	---	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Dev. Disabled	---	---	---	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Traumatic Brain Inj.	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Ventilator-Dependent	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Total	33	100.0		62	100.0		0	0.0		26	100.0		10	100.0		131	100.0%